

# STATE AND UNIVERSITY EMPLOYEES COMBINED APPEAL CONTRIBUTION TRANSMITTAL

Your Name: \_\_\_\_\_

Agency/University: \_\_\_\_\_

Agency Code \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

\_\_\_\_\_

Name of Coordinator: \_\_\_\_\_

Date \_\_\_\_\_ Number of Forms \_\_\_\_\_

Amount by payroll deduction \_\_\_\_\_

Amount by check/money order \_\_\_\_\_

TOTAL \_\_\_\_\_

## \*\*\*SECA Use Only\*\*\*

Date \_\_\_\_\_ Number of Forms \_\_\_\_\_

Amount by payroll deduction \_\_\_\_\_

Amount by check/money order \_\_\_\_\_

TOTAL \_\_\_\_\_

ENVELOPE NUMBER \_\_\_\_\_

BATCH NUMBER \_\_\_\_\_

### INSTRUCTIONS:

This form is to be completed by you and returned with batches of no more than 40 completed pledge forms and check/money orders to SECA. When possible, batch check/money order pledge forms separately. Review all pledge forms to make sure they are properly completed. DO NOT SEND CASH. Keep a copy of the transmittal form and pledge form for your records. A copy of the transmittal form will be returned to you from SECA upon verification of information. Send all transmittal forms with batched pledge forms to:

Denise Reed, CMS  
100 W. Randolph  
JRTC STE 4-400  
Chicago, IL 60601-3219